



COLORADO • SINCE 1878

**ATTENTION ALL COMMERCIAL USERS OF THE CITY'S SEWER SYSTEM**

As required by Municipal Code 13.32, all Commercial users of the City of Louisville Wastewater Treatment System are required to submit a completed Wastewater Classification Survey form. Information supplied is used to determine whether your company will be required to complete a Wastewater Discharge Permit Application form. Please place all proprietary or confidential information on a separate sheet and label it CONFIDENTIAL. If you should have questions, please contact the Environmental Compliance Specialist at (303) 335-4785.

The form must be completed and received by the City within thirty (30) days of receipt. Respond to:

City of Louisville  
749 Main Street  
Louisville, CO 80027  
Environmental Compliance Specialist  
Fax: (303) 335-4781  
Email: ECS@LouisvilleCO.gov

**COMMERCIAL WASTEWATER CLASSIFICATION SURVEY**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Products made or Services performed: \_\_\_\_\_

I.R.S. Employer I.D. # \_\_\_\_\_

Standard Industrial Classification (S.I.C. if known) \_\_\_\_\_

Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E mail: \_\_\_\_\_

**TYPE OF BUSINESS:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Manufacturing            | <input type="checkbox"/> Bakery       | <input type="checkbox"/> Restaurant      |
| <input type="checkbox"/> Hotel-Motel              | <input type="checkbox"/> Grocery      | <input type="checkbox"/> Retail Only     |
| <input type="checkbox"/> Laundry                  | <input type="checkbox"/> Hospital     | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Beauty Salon             | <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Pet Shop-Kennel |
| <input type="checkbox"/> Office Only              | <input type="checkbox"/> Car Wash     | <input type="checkbox"/> Doctor/Dentist  |
| <input type="checkbox"/> Laboratory/Specify _____ |                                       |  |
| <input type="checkbox"/> Other _____              |                                       |  |

1. Please briefly describe your business activity, including products produced or process used.

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2. Does your business operation **generate** any wastewater other than from restrooms?

Yes  No

3. If your answer is yes, please describe industrial processes generating wastewater and indicate gallons per day generated from individual processes (use additional sheets if necessary).

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4. Does your business operation **discharge** any industrial process wastewater listed from question number 3 to the City sanitary sewer? Yes  No

(Process wastewater is defined as “any water which, during manufacturing or processing, comes into direct contact or results from the production or use of any raw material, intermediate product, finished product, by product, or waste product”)

5. If your answer is yes, is there any form of wastewater pretreatment practiced before discharge?

Yes  No

6. If your answer is yes, please describe the wastewater treatment processes utilized on site. Include information pertaining to the type of equipment and chemicals used.

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7. Does your business operation **generate** any used chemical? Yes  No

8. If your answer is yes, please describe how your company **disposes** of used chemical.

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Questions 9-12 refer to chemical use and storage.

9. Do you use or store any chemicals or petroleum products in quantities greater than five (5) gallons?    Yes    No

If yes, list chemical its use and quantity kept on hand (including oil, gasoline or detergent):

Chemical Name	Quantity	Use

(Use additional sheets if necessary)

10. Is there a specific storage place for these chemicals?    Yes    No

If yes, how close is the nearest floor drain?    \_\_\_\_\_ feet

In case of a spill, can the floor drain be isolated?    Yes    No

11. Do you have spill prevention measures formulated and posted?    Yes    No

12. Do you have spill clean-up procedures formulated and posted?    Yes    No

13. Do hazardous waste notification requirements apply to your business?    Yes    No

**I HAVE UNDERSTOOD THE INFORMATION CONTAINED IN THIS SURVEY FORM AND, TO THE TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS TRUE, COMPLETE AND ACCURATE.**

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date